

Central Contractor Registration (CCR) Application

Call 1-888-227-2423 for help on filling out the registration form. This form will facilitate registration on-line at our web site at <http://www.ccr2000.com>. **ALL fields on pages 1 and 2 are required unless otherwise noted.** Be sure to keep a copy of the completed form for your records.

GENERAL INFORMATION

____ + _____
DUNS number¹ **Plus Four (if applicable)** **CAGE Code for address below (OPTIONAL)²**

____ - ____ - ____ - ____ - ____
US Federal TIN³ **Employer Identification Number (EIN)** OR **Social Security Number (SSN)**

Legal Business Name (Company or Individual Name - Must match TIN) **Doing Business As (if applicable)**

Street Address

Street Address

City **State** **Zip or Postal Code** **Country** **County Name (OPTIONAL)**

____ / ____ / ____
Division Name (if applicable) **Division Number (if applicable)** \$ _____.00
Date Business Started **Accounting Period** **Average # of** **Average Annual Revenue**
(month/day/year) **Closes (month/day)** **Employees** (use 3 year average)

TYPE OF BUSINESS

Corporate Status: ☐ Sole Proprietorship ☐ Partnership
(select only one) ☐ Corporation (Indicate where incorporated: State ____ OR Country ____)
☐ Corporation providing medical & health care services
☐ Hospital or extended care facility exempt from taxation

Check all that apply to your company (At least one must be checked)

<input type="checkbox"/> Tribal government	<input type="checkbox"/> Educational Institution	<input type="checkbox"/> 8(a) Program Participant	<input type="checkbox"/> Minority owned
<input type="checkbox"/> Research Institute	<input type="checkbox"/> Municipality	<input type="checkbox"/> Service Location	<input type="checkbox"/> Woman owned
<input type="checkbox"/> Sheltered workshop	<input type="checkbox"/> Emerging Business / Other	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Small Disadvantaged Business
<input type="checkbox"/> Nonprofit Institution	unlisted type	<input type="checkbox"/> Surplus dealer	<input type="checkbox"/> Veteran owned
<input type="checkbox"/> Historically Black	<input type="checkbox"/> Construction firm	<input type="checkbox"/> Subgroup	<input type="checkbox"/> American Indian owned
College/University	<input type="checkbox"/> Federal, State, County, or	<input type="checkbox"/> Labor Surplus Area Firm	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Foreign Supplier	City Facility	<input type="checkbox"/> S Corporation	

GOODS & SERVICES

List all SIC codes⁴ that identify your company's specific industry (at least one code must be entered; codes are either 4 or 8 numeric digits): _____, _____, _____, _____, _____, _____, _____, _____, _____, _____

FINANCIAL INFORMATION FOR CONTRACT PAYMENT

EFT - Electronic Funds Transfer (call your Financial Institution for assistance)

¹ Data Universal Numbering System - Call Dun & Bradstreet at 1-800-333-0505 or 1-703-824-8383 if unsure.

² Commercial and Government Entity Code - If you do not have a CAGE Code, one will be assigned to you, call DLSC-Defense Logistics Service Center at 1-888-352-9333 if unsure.

³ Taxpayer Identification Number - Call the IRS at 1-800-829-1040 if unsure. The TIN may be used by the Government to collect and report on any delinquent amounts arising out of the offeror's relationship with the Government (31 U.S.C. 7701 (c) (3)).

⁴ Contact your regional PTAC - Procurement Technical Assistance Center to determine your SIC-Standard Industrial Classification codes. Call 1-703-767-1650 to locate your regional PTAC.

Financial Institution Name

American Bank Association (ABA) Routing/Transit ID #

Account Number

Type of Account: ☐ Checking
☐ Savings

Lockbox Number (if applicable):

Authorization Date: ____/____/____ (EFT info is valid as of this date. If blank, defaults to date of application.)
(month/day/year)

ACH (Automated Clearing House) Coordinator for Financial Institution

Minimum of one of the following four must be entered: (Note: ACH format will be Corporate Trade Exchange (CTX))

(____)____-____ (____)____-____
1. Phone Number 2. Int'l phone # (if applicable) 3. Fax Number 4. Email (if available)

Registrant's Accounts Receivable Point of Contact Information: Name

(____)____-____ (____)____-____
1. Phone Number 2. Int'l phone # (if applicable) 3. Fax Number (Optional) 4. Email (if available)

Remittance Address for payment statement

Check here to use same address as business address on Page 1 ☐, otherwise, fill out information below:

Remittance Name

Street Address

Street Address

City

State

Zip or Postal Code

Country

REGISTRATION ACKNOWLEDGMENT

I hereby acknowledge that the information provided is current, accurate, and complete as of the date of this submission.

____ (____)____-____ ____/____/____
Print Name Telephone Number Date (month/day/year)

I prefer to receive CCR
correspondence through:
(select only one)

☐ Fax, my fax # is: (____)____-____
☐ Email, my email address is: _____
☐ Mail, send correspondence to the business address listed on the Page 1

Who else (point of contact) can we Name: _____ Telephone #: (____)____-____
contact to answer questions on this form? (If blank, defaults to Registration Acknowledgment Name)

Thank you for your cooperation.